

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1 DATE OF INCIDENT 10-JUL-2015	TIME 16:03:00	2 ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE CHICAGO, IL 60628	3 LOCATION CODE 304	4 BEAT/OCCUR 0512			
	5 POSITION 9161	6 LAST NAME PACINO	7 FIRST NAME ANTHONY J	8 STAR NO. 19731	9 SEX X 01 M 02 F WHI	10 RACE CODE 511	11 AGE 220	
	14 DATE OF APPT 05-AUG-1996	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 193 6565H	17 DUTY STATUS X 01 On	18 MEMBER INJURED? 01 Yes X 02 No	19 MEMBER IN UNIFORM? 01 Yes X 02 No		
	20 LAST NAME MCSWAIN	21 FIRST NAME EUGENE	22 M/F X 01 M 02 F	23 SEX BLK	24 RACE [REDACTED]	25 D.O.B. [REDACTED]	26 HT 506	27 WT 150
	28 ADDRESS [REDACTED]	29 TELEPHONE NO. [REDACTED]	30 WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC X 01 Yes 02 No	31 SUBJECT INJURED? X 01 Yes 02 No	32 SUBJECT ALLEGED INJURY? 01 Yes X 02 No			
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST	34 BY WHOM? DR. [REDACTED]	35 CONDITION X 03 Hospitalized	01 Apparently Normal 04 Not Hospitalized	02 Under Influence 05 Renewed Medical Aid			
	36 CHARGES PLACED [REDACTED]	DNA	37 CB NO 00000000	IR NO [REDACTED]	DNA			
	38 SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION X STIFFENED (DEAD WEIGHT) OTHER _____	39 ACTIVE RESISTER FLED PULLED AWAY OTHER _____	40 ASSAULT-ASSAULT IMMINENT THREAT OF BATTERY X OTHER _____	41 ASSAULT-BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	42 ASSAULT-DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON X WEAPON OTHER _____ OTHER ARMED WITH HANDGUN			
	43 MEMBER'S RESPONSE MEMBER PRESENCE X VERBAL COMMANDS X ESCORT HOLDS WHISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON WAUTHORIZATION OTHER _____	44 OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Spark Displayed) OTHER _____	45 ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40)	46 KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)	47 FIREARM OTHER _____			
	48 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]	49 ADDITIONAL INFORMATION R/O'S AND ASSISTING OFFICERS WERE IN FEAR OF RECEIVING GREAT BODILY HARM AND DEATH WHEN THE OFFENDER MCSWAIN, WHILE ARMED WITH A COLT, 45 CALIBER SEMI-AUTOMATIC HANDGUN PRESENTED A THREAT TO R/O'S AND ASSISTING OFFICERS.						
50 POSITION [REDACTED]	STAR NO [REDACTED]	UNIT [REDACTED]	51 INCIDENT OCCURRED Indoors X Outdoors	52 LIGHTING CONDITIONS 01 Daylight 02 Night 03 Dawn 04 Dusk 05 Poor Artificial 06 Good Artificial	53 WEATHER CONDITIONS CLEAR			
54 WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN	04 SEMI-AUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER	55 MAKE/MANUFACTURER [REDACTED]	56 MODEL [REDACTED]	57 BARREL LENGTH [REDACTED]	58 CALIBER/GAUGE [REDACTED]			
59 SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	60 PROPERTY INVENTORY NO [REDACTED]	61 TYPE OF AMMUNITION USED [REDACTED]	62 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 01 RT. SIDE (WAIST) 02 LT. SIDE (WAIST)	63 TOTAL NO. OF SHOT'S MEMBER FIRED [REDACTED]				
64 WHO FIRED FIRST SHOT 01 MEMBER 02 OFFENDER	65 OTHER (Specify) 03 OTHER (Specify) 01 STRONG SIDE DRAW 02 CROSS DRAW	66 WAS FIREARM RELOADED DURING INCIDENT 01 YES 02 NO	67 HOW WAS MEMBER'S HANDGUN WORN 01 RT. SIDE (WAIST) 02 LT. SIDE (WAIST)	68 DID MEMBER USE SIGHTS 01 YES 02 NO				
69 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	70 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 5 FT 02 5 - 10 FT 03 10 - 15 FT 04 OVER 15 FT							
71 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON 01 PERSON 02 OBJECT 03 BOTH 04 UNKNOWN	72 POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY)							
73 NOTIFICATIONS (OC OR TASER INCIDENT): OEMC NOTIFICATIONS (FIREARM INCIDENT): OEMC	DSS & LT./DIST. OF OCCUR. DSS/DIST. OF OCCUR & OCIC	CPIC CPIC DET DIV.						
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
SIGNATURES	74 REPORTING MEMBER (Print Name) PACINO, ANTHONY J 11-JUL-2015 00:23:08	STAR/EMPLOYEE NO 19731	SIGNATURE [REDACTED]					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								
SIGNATURES	74 REVIEWING SUPERVISOR (Print Name) LOPEZ, JOSE L	STAR NO 809	SIGNATURE [REDACTED]	DATE REVIEWED 11-JUL-2015 00:27:10	TIME 10:27:10			

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HY335302

TO EVENT NO

7140000

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

76. LIEUTENANT OR ABOVE/OCIG RATIONALE FOR BOX 77 FINDING

Based on what is known at this stage of the investigation, a preliminary determination has been made that the Officers actions were in compliance with department guidelines and directives

77 LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION		
<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES	I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED	
LOG NO./CRNO <u>1076081</u> OBTAINED		
78 LIEUTENANT OR ABOVE/OCIC (Print Name) WALLER, FRED L	SIGNATURE 	DATE COMPLETED 11-JUL-2015 01:02:19
79 TOTAL TRR's THIS EVENING No. 3		

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